North Coast Physician

In This Issue:

Cover Photo
"TRACKS TO NOWHERE IR CROP 1 2013"
Stephen Kamelgarn, M.D.

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication.

North Coast Physician is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: hdncms@sbcglobal.net Web page: *www.hdncms.org*

In My Opinion

My Friends and Our Bikes

Lee Leer, M.D.

Frank and Kirk have been my bike riding 'colleagues' for about 3 years now. I've been regularly riding (bicycle, that is: usually road, sometimes mountain) for about a decade. Ever since Dr. Shishido cleaned some jagged cartilage out of my knee and laughingly predicted that I'd soon enough be doing something other than running for exercise. Since I never really ran for fun, that was all the encouragement I needed to rationalize a bike purchase. I've come to love and need riding in ways that I never experienced as a child – though in so many ways riding gives me a child-like enjoyment of life that I had thought was gone for good. I often ride alone, but at least half the time over the years, my rides have been communal, involving a varying cast of characters. Some characters keep popping in and out, some I haven't seen in years, but Frank and Kirk and I have stuck to a pretty regular pattern. We've ridden to Benbow Inn together, ridden the Tour of the Unknown Coast together, ridden together through rain and fog and flat tires and emergency calls to wives for a lift after we ran out of spare tubes 10 miles from home. Though I missed "The Great Snow Ride Through Butler Valley" a couple of years ago because I was out of town, I did get real-time photos on my smartphone.

We can get a bit competitive, but are also always supportive of one another. We have conversations and share in our life experiences, but also for miles on end will not talk at all. I revel in the reality of our shared community as we cover the miles together.

Neither Frank nor Kirk are physicians. And I'm thoroughly happy to be in a situation in which it's not possible to fall into shoptalk. I remember as a medical student and as a resident that during any gathering of colleagues, discussion topics quickly moved to medicine and stayed there for the entire event. It was (so I was told by my significant other) a great bore for the non-medical people in the room. Over the years, I've come to appreciate her point of view. In fact, I bet it was a great bore for anyone who stopped to think about it. Or at the very least, it was a great loss for us young physicians to have been so self-centered. Yes, we were building shared culture, and were all living through something that no outsider could really understand or appreciate. But still.

Also, as I've spent more years in the same office, going in and out of the same three exam rooms day after day, I find total breaks from that routine – such as those provided by my bike rides - are essential in order for me to be able to fully engage in my work life; essential for me to be able to appreciate that in each of those rooms, for every scheduled visit, there sits an individual who has honored me with their presence, an individual who deserves the very best I have to offer.

At times I've wondered if my need for separation from medicine is some sign of burnout. And for sure I have felt burnout, have experienced days when I've done what I do not for the love of the journey, but rather just to do it and get through the day. But this is different. This need for separation is more a sign of sanity, of knowing where life's balance lies. Though I don't ride for any reason having directly to do with my profession, I am acutely aware of the fact that in order to be a good doctor, I need to spend a great deal of time NOT being a doctor.

Which of course is where Frank and Kirk and our bikes come in. Sometimes, when I'm on a ride, I'll find myself thinking about a difficult patient or business issue… but I can't spend much time on such thoughts because it's always fairly important to focus on the road in front of me: both to avoid potholes and to make sure that my friends don't race away from me. Really, cycling for me is a way of combining a social activity with great physical exercise and something equivalent to meditation.

The distractions of the road, the pain of the climbs, the silences, the stories, the frequent laughter, the exhilaration of a long descent or a sustained pace-line with friends… these all, in some inexplicable and beautiful way, help to make me a better physician and a better person. To my sort-of-bum knee and Dr. Shishido's ministrations, to Frank and Kirk, to all the people I occasionally ride with, to my wonderful wife who puts up with my 2-4 hour bike rides, and – last but not least - to my bikes: I say THANK YOU!

Mark Your Calendars:

Friday Fun Rounds, February 7, 2014 - 6 P.M. - Gallagher's Irish Pub
Physician Community Health Walk: February 15, 2014 - 11 a.m. - Eka Boardwalk
Spouse Coffee: March 19, 2014
Women in Medicine Gathering: March 23, 2014

NAMI: YOU ARE NOT ALONE

Ruby Bayan, M.D.
NAMI Humboldt Board Member

"My son Jason woke me up at three AM and told me that he had taken 100 Advil and 100 Tylenol. I was irritated and half asleep and told him he'd be fine. He told me "Okay, next time I will use a gun". I took him to the hospital as fast as I could. Jason was 18 years old. I realized that this was the beginning of a long and hard fought battle which I was not prepared for. Who can I turn to? Who could show me the way? Who had the answers to this nightmare? For the next three years, we struggled to keep him alive. He was in and out of mental hospital and of jail.

One day, I received yet another call from the hospital where Jason was behind some incident and I had had just enough! I thought this was never going to end. The doctors told me that Jason was brain dead. I had to pull the plug. I cannot tell you the depth of the shame and guilt I felt. I was sure I was at fault and I was the worst mother that had ever lived. I looked everywhere for the answer to try to help my son but I failed." Mary S.

Mental illness is a personal, family and community issue that directly affects one in five lives in California. It is not uncommon for patients with mental illness and their families to feel helpless and hopeless not knowing how to deal with the situation. Unlike when loved ones have diabetes or other illness which they can relate to with clear signs and symptoms and there is no shame nor guilt. Overwhelmed by unfamiliar systems for psychiatric care, patients and their families who suffer from mental illness feel that there is no one to turn to. The medical community may also experience the same difficulties and frustrations.

The National Alliance on Mental Illness, NAMI is the biggest grass roots organization for people with mental illness and their families. It is dedicated to improving the quality of life for persons of all ages who are affected by mental illness.

NAMI Humboldt provides a voice to promote policies that facilitate research, end discrimination, reduce barriers and promote comprehensive mental health services. It works to increase public awareness of biologically based brain disorders and to eliminate the stigma associated with mental illness.

The important programs include:

1. Family to family Education Program where NAMI family members who have relatives with mental illness are trained to teach a free 12 week course to include coping ways to deal with situations.
2. Peer to Peer for people with any serious mental illness interested in establishing and maintaining recovery.
3. NAMI Basics: a six week program for parents of children with mental illness.

Be part of the NAMI family. Be a member and or support it with your tax deductable financial support. Let NAMI be part of your patients and their families care.

Let them know that they are not alone, NAMI is there for them and for you.

To learn more about NAMI, visit us at nami-humboldt.org or call (707) 444-1600, or call me Ruby Bayan, M.D. (707) 407- 8753. §

OPEN FORUM

OBSERVATIONS ON MEDICAL PRACTICE IN SIBERIA - REVISITED

J. KIM BAURIEDEL, M.D., F.A.C.S.

ed note: this is will be the first installment of a 4 part series by Dr Bauriedel on his experiences in Siberia

INTRODUCTION

In 2002, The Bulletin (former name of North Coast Physician) published a series of articles I wrote about the state of medical practice in Siberia. I based these articles on the experience I had gained the previous year, when I lead a group of delegates on a tour in Siberia on behalf of Rotary International. Since then, I have returned to Siberia on behalf of Rotary International five more times. The shortest of these visits was three weeks; the longest and latest, eleven weeks. I felt it was time to revisit the state of medicine in Siberia.

My first visit was limited to the cities of Barnaul, Krasnoyarsk, Novosibirsk, and Tomsk. Subsequently, I was able to add the cities of Biysk, Blagoveschensk, Irkutsk, Kemerovo, Omsk, Ulan Ude, and Vladivostok, as well as the village of Asino. All of these cities are large. Biysk, with a population of 200,000, is the smallest. Novosibirsk, with 1.4 million people, is the third largest city in Russia. Asino, although it has 20,000 people, is classified as a village.

While I was leading tours, I also had opportunities to visit local businesses and universities. I spent the bulk of my discretionary time, however, visiting hospitals, clinics, and medical schools where I fraternized with the staff, faculty and students, as much as conditions would permit. I also met with local and regional officials, especially those in some way responsible for health care.

I have organized the content of this series of articles along the lines of my first series of articles. I have described the changes I have seen and the innovations, limiting references to the earlier articles as much as possible. Should, however, the reader become curious about them, they may be requested from the Medical Society Office.

Caveat lector! My observations are not meant to provide a definitive description of the health care system of Siberia. I do not speak Russian, so I was forced to depend on a series of well-intentioned translators during my visits. Given their human limitations as well as my own, I was never certain that I completely understood what was being described to me. Trying to extrapolate from the small bits and pieces I report on to the large, complex system in place is, therefore, unwise.

LIFE IN SIBERIA

Birth Rate and Longevity

Siberia is still recovering from the after-shocks of the collapse of the Soviet Union. The birth rate remains low at 12.1 births per 1000 people which equates to a population growth rate of -0.02 percent, slightly higher than it was in 2001. The US birth rate is currently 13.7 births per 1000 people which equates to a population growth rate of 0.9 percent. In ranked birth rate, the US is number 147 and Russia is number 165 out of 220 countries (Source: CIA World Fact Book 2013) .

Average life span has been increasing. In 2001, it was about 62 years (58 for men and 68 for women). The current average life span is about 69 years (63 for men and 75 for women), ranking them 118th internationally (Source: WHO 2011). Besides reflecting the death rates due to cancer, smoking, and infectious diseases, these numbers also reflect the rate of teen suicide at 20 per 100,000 is 3 times the rate in Europe and the US, and and infant mortality of 11.3 per 1,000 live births (66th in international rankings).

Comparable figures for longevity in the US include an average life span of 79 years (76 for men and 81 for women), ranked 33rd internationally (Source WHO 2011). US infant mortality is about 5.4 per 1000 live births (34th in international rankings) (Source: UN Population Division 2005-2010).

LIVING CONDITIONS

The housing situation in Siberia shows a number of changes. Most notably, construction techniques are shifting from the old-style prefabricated slab pieces, assembled on-site like Lego blocks, to on-site construction employing bricks with steel framing. Although this form of construction is slower, it provides better-insulated interiors so that heating costs are significantly less.

Newer apartments are larger than those constructed during the Soviet era. These were usually 700 to 1,000 square feet in area. Many of the newer apartments provide over 2,000 square feet of living space. This additional space has created a decorator's dilemma. Siberia's apartment dwellers are accustomed to close quarters, and the compact, minimalist decorating style required by small apartments. As a result, some of the new construction has a very bare, open feel to it.

The older Russian apartments typically had two bedrooms, a living room,

"Siberia", continued on Pg 19

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

Also refer to Practice Opportunities on our website www.hdncms.org

FAMILY MEDICINE MD/DO:

Fortuna Family Medical Group (Full or Part Time).
Contact: Dr. Jutila: 725-3334, *home.md@suddenlink.net*

Open Door Clinic, McKinleyville, Crescent City and Eureka sites. Contact: *cwebb@opendoorhealth.com*

PSYCHIATRY:

Humboldt County Mental Health (707) 476-2349 or *personnel@co.humboldt.ca.us*. Apply on-line @ *www.co.humboldt.ca.us/jobs.*

NURSE PRACTITIONER/PHYSICIAN ASSISTANT

Eureka Family Practice (Full Time).
Contact Lorraine (707) 443-8335.

PROPERTY FOR SALE/ RENT/ LEASE

FOR LEASE: Join our new professional medical facilities near Mad River Hospital. Build to suit in new Planned Unit Development. 1200 - 4000 sq. ft. spaces. Contact Mark , 707-616-4416 or e-mail: Jones202@suddenlink.net.

BEAUTIFUL HANDCRAFTED REMODELED SINGLE STORY MID-CENTURY HOME FOR SALE. 5 bdrm. 3 bath. 2875 sq ft. in great Eureka neighborhood. Close to hospitals. $429,000. Contact Victoria Foersterling, 707-616-1417. *(rb11-13)*

MISCELLANEOUS

FIREWOOD FOR SALE. Call (707) 499-2805

ECONOMIC ADVOCACY
CMA REIMBURSEMENT
HOTLINE: (888) 401-5911

Did You Know.....
Legal Help Available

CMA's online health law library contains over 4,500 pages of On-Call documents and valuable information for member physicians and their staff. Access to the library is free to members. See index on Page 93 in your 2014 Physician Membership Resource Directory.

INTERESTED IN RECEIVING
NORTH COAST PHYSICIAN
ELECTRONICALLY?

Members have an option of receiving the North Coast Physician by e-mail. Please let us know if you're interested.
Send an e-mail to: hdncms@sbcglobal.net

E-Mail Address Updates? Allied Health Practitioner Updates? Find information published in the Directory that needs to be updated? Please let the Medical Society know so we can keep records as up-to-date as possible.

Display Advertising Rate Schedule

SIZE	MONTHLY	SIZE
1/4 Page	$140.00	7.45" x 2.61"
1/2 Page	$160.00	7.45" x 5.23"
1/3 Page Vertical	$150.00	2.37" x 9.95"
Full Page	$200.00	7.45" x 9.95"
Inside Cover/Full Page	$275.00	7.90" x 10.40"
Business Card Ad	$65.00	Copy Ready 2" x 3.5"
Classified Ads	$5.25 per line	

DEADLINE: 15th day of the preceding month to be published

PATIENT INFORMATION INSERT

Cold or Flu?

Symptom	Cold	Flu
Fever	Fever is pretty rare with a cold.	Fever is usually present with the flu. 80% of flu cases include a fever. A temperature of 100 F or higher for 3 to 4 days is associated with the flu.
Aches	Slight body aches and pains can be part of a cold.	Severe aches and pains are common with the flu.
Chills	Chills are uncommon with a cold.	Chills are fairly common in most flu cases. 60% of flu cases include chills. Chills and shivering are a normal reaction to a cold environment, but unexplained chills can also be a sign of the flu.
Tiredness	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with the flu. It's normal to feel tired at the end of a long day or when you don't get adequate sleep, but unexplained tiredness can be sign of the flu.
Sudden Symptoms	Cold symptoms are not sudden and develop over a few days.	The flu can start suddenly; within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.
Coughing	A hacking, productive (mucus producing) cough is often present with a cold.	A non-productive cough that does not produce mucus is usually present with the flu. Dry cough is present in 80% of flu cases.
Sneezing	Sneezing is commonly present with a cold.	Sneezing is not commonly present with the flu.
Stuffy Nose	A stuffy nose usually accompanies a cold and typical goes away within a week.	Stuffy nose is not commonly present with the flu.
Sore Throat	Sore throat is commonly present with a cold. A sore throat is pain and inflammation in the throat that usually comes with a cold.	Sore throat can also be present with the flu.
Chest Discomfort	Chest discomfort is mild and moderate with a cold.	Chest discomfort is often severe with the flu. Chest discomfort is pain or abnormal sensations that you feel anywhere along the front of your body between your neck and abdomen.
Headache	A headache is fairly uncommon with a cold.	A headache is very common with the flu, present in 80% of flu cases.

Flu Fighters

Cover your cough in your arm

Clean — Wash and clean your hands often

Confine — Stay at home if you are ill

Information courtesy of:
FluFacts.com

Department of Public Health — Kane County

1-877-81-VIRUS

Disclaimer:
This is not a substitute for professional, on-site medical diagnosis. Visit your doctor or other healthcare professional for an accurate diagnosis of the flu or cold.